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23838	7590 12/21	1/2006	hav	e its own certificate of	of mailing o	or transmission.			
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WASHINGTON	N, DC 20005							(Depositor's name)	
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.			CONFIRMATION NO.		
09/503,939 02/14/2000		Andrew H. Gafke				7/8478	7313		
TITLE OF INVENTION: MODULAR BIOS UPDATE MECHANISM				03/21/	'2007 NHG	UYEN2 00000067	110600	09503939	
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APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	PREV. PAID ISSUE FEE TOTAL FEE		E DATE DUE		
nonprovisional	NO	\$1400	\$0	\$0	\$0 \$1400		03/	03/21/2007	
EXAMINER		ART UNIT	CLASS-SUBCLASS]					
SONG, HOSUK		2135	713-187000	•					
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			(1) the names of up to or agents OR, alternation (2) the name of a single	e of a single firm (having as a member a ttorney or agent) and the names of up to patent attorneys or agents. If no name is					
PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSI	less an assignee is ident th in 37 CFR 3.11. Comp GNEE PORATION	ified below, no assignee pletion of this form is NO	THE PATENT (print or type data will appear on the part of the part	atent. If an assigned assignment. Yand STATE OR CO	OUNTRY)				
riease check the appropr	tate assignee category or	categories (will not be pr	inted on the patent):	Individual AA Con	poration or	other private grou	p entity L	Government	
4a. The following fec(s) are submitted: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies			☐ A check is enclosed. ☐ Payment by credit car	Arment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 11-0600 (enclose an extra copy of this form).					
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NOTE: The Issue Fee an	s SMALL ENTITY state d Publication Fee (if req records of the United Sta		b. Applicant is no long d from anyone other than to Office.						
Authorized Signature	Show		Date	20	March 200	7			
Typed or printed nam	eShawn W.	·	Registration No	. 34	,687				
an application. Confiden submitting the complete this form and/or suggesti Box 1450, Alexandria, V Alexandria, Virginia 223	tiality is governed by 35 dapplication form to the ions for reducing this building 22313-1450. DC 13-1450.	U.S.C. 122 and 37 CFR to SEPTO. Time will vary orden, should be sent to the NOT SEND FEES OR CO	on is required to obtain or r 1.14. This collection is est depending upon the indive e Chief Information Office COMPLETED FORMS TO spond to a collection of inf	imated to take 12 midual case. Any comer, U.S. Patent and T. THIS ADDRESS.	inutes to comments on the rademark (SEND TO:	omplete, including the amount of time of the original or	gathering, e you requi tment of Co r Patents, F	preparing, and re to complete	